

# ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 157  
Registered No. 142

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. M. + J. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Jean Corbit { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Single, triplet or other 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth June 12 - 1925  
Month Day Year

8. FATHER  
Full name Flor Charles Corbit

9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Aspen, Col.  
(State or country)

13. Occupation  
Nature of Industry Mining

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

14. MOTHER  
Full maiden name Georgia Ester Fuller

15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race Cauc 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Creole Springs, Ill.  
(State or country)

19. Occupation  
Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 6:10 P.m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.  
Miami, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Box 29

Filed July 2, 1925 P.E. Irwin  
Registrar

Registrar

233-612-769